

INVOICE

NAME

ADDRESS

CITY, STATE, & ZIP CODE

PHONE NUMBER

BILL TO: SAIC-Frederick, Inc.
P. O. Box B
Frederick, MD 21702-1201
Attn: Accounts Payable

Invoice #: _____
Invoice Date: _____
P. O. #: _____
Payment Terms: _____

Date	Hours	Description	Location	Service performed for	Fee

Total Due: \$ _____

Is this a final invoice? Yes / No

Consultant Signature: _____

Date: _____

Prepared by: _____

Date: _____

**THIS INVOICE HAS BEEN REVIEWED FOR TIME EXPENDED, NATURE OF THE WORK
AND RECEIPT OF THE DELIVERABLES AND IS APPROVED FOR PAYMENT.**

Signature: _____ Date: _____
(Approving Official)